

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR A SECURE DATA TRANSMISSION
Attorney Docket Number::	2004P12244WOUS
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMAN  
Status:: Full Capacity  
Given Name:: ANDREAS  
Middle Name::  
Family Name:: LINDINGER  
City of Residence:: FLOEZLINGEN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: IM WINKEL  
12  
City of Mailing Address:: FLOEZLINGEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 78658

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMAN  
Status:: Full Capacity  
Given Name:: MICHAEL  
Middle Name::  
Family Name:: SALM  
City of Residence:: PETERZELL  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: SOMMERBERGSTRASSE  
34A  
City of Mailing Address:: PETERZELL  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 78112

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country::

Status::

Full Capacity

Given Name::

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City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

#### Correspondence Information

Correspondence Customer Number:: 28204

#### Representative Information

Representative Customer Number::	28204
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#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/052530	06/02/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	10 2004 037 801.0	08/03/2004	Yes

**Assignment Information**

Assignee Name:: SIEMENS AKTIENGESELLSCHAFT

Street of Mailing Address:: WITTELSBACHERPLATZ 2

City of Mailing Address:: MUNICH

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 80333